



REFERENCE FORM
STAFFORD COUNTY PUBLIC SCHOOLS

31 Stafford Avenue

Stafford, VA 22554

Phone: 540-658-6560 Fax: 540-658-5970

PART I TO BE COMPLETED BY APPLICANT
AND FORWARDED TO THE REFERENCE SOURCE

Applicant's Name: _____

Address: _____
Last First Middle

Social Security Number: _____
City State

I am applying for a teaching position with Stafford County Public Schools. Please complete the information contained in Part II of this form and return it to the school division.

My position in your organization is/was _____

_____ I waive my right of access to your response. _____ I **do not** waive my right of access to your response.

Applicant's Signature _____

PART II TO BE COMPLETED BY REFERENCE SOURCE

A narrative reference may be submitted in addition to completing this form. Please return to the HUMAN RESOURCES DEPARTMENT at the address listed above.

KEY: I - Unsatisfactory
2 - Below Average
3 - Average

4 - Above Average
5 - Excellent
NA - Not applicable or no opportunity to observe

CATEGORIES	1	2	3	4	5
Demonstrates knowledge of subject area					
Uses appropriate instructional materials and techniques					
Plans and organizes for instruction					
Maintains effective classroom management					
Provides favorable psychological environment					
Utilizes evaluative techniques					
Exhibits professional attitudes					
Provides media center services (librarians only)					
Provides guidance services (guidance only)					
Other (specify)					

Month-Day-Year Employed: From _____ To _____ Would you re-employ? _____

General Comments: _____

Date: _____ Signature _____ Name _____

Position: _____ Please Print

School District/ Business Address _____ Phone _____

EQUAL OPPORTUNITY EMPLOYER